	ZONA FORM Part-Year Resident Per 140PY Or fiscal year beginning [M M D D	sonal Incor	ne Tax Return	66	2004
YOUR I	FIRST NAME AND INITIAL	ST NAME	III IVI IVI D D	YOUR SOCIAL SECU	RITY NO.
	INT RETURN, SPOUSE'S FIRST NAME AND INITIAL	ST NAME		SPOUSE'S SOCIAL S	ECURITY NO.
1					
	NT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. DAY	YTIME PHONE W/AREA	A CODE:	↑ IMPOF	
2		HOME PHONE W/ARE		You must ente	er your SSNs.
CITY, T	OWN OR POST OFFICE STATE ZIP CODE		FOR DOF	R USE ONLY	
$\overline{}$	Manifest Client Scient and one				
91 5	Married filing joint return Head of household - name of qualifying child or dependent:				
) stati	Married filing separate return. Enter spouse's Social Security Num	nher ahove			
Filing Status	and full name here. ▶	libel above	88		
□ 7	Single			1	
. 8	Enter the Age 65 or over (you and/or spouse)		81	80	
Exemptions 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	number claimed. Blind (you and/or spouse)		82 CHECK ONE if filing ur		on:
ੂ ਵੀ 10	Do not put a check Dependents. From page 2, line A2 - do not include se	elf or spouse.	82 Official official mining an	4 month exter	
<u> </u>	mark. Qualifying parents and ancestors of your parents from p			6 month exter	nsion 82F
12-				tive Military	
	S BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR F	114 i eucia	al AGI 14		
le A			a income (from page 2, line B19		
hedu			ons to income (from page 2, line		
a Sc		l l	nes 15 and 16	17	
izon		,	ne not used.) actions. Number from line D34a.	191 19	
Ā			a AGI. Line 17 minus 19		
emizing, attach your federal Schedule A and Arizona Schedule A. 8 8			ITEMIZED 21S STANDAR		
all			nal exemptions		
che			able inc. Line 20 minus lines 21		
aral (24 Compu	ute tax. Use Tax Table X or Y	24	
. fe d		25 Tax fro	m recapture of credits		
yorı		26 Subtota	al of tax. Add lines 24 and 25	26	
tach			lean Elections Fund Tax Reduct		
g, at			1□ YOURSELF 272□ SPO		
29 اقا	Reduced tax. Subtract line 28 from line 26.				
	Family income tax credit from worksheet on page 16 of the instructions	if Form 201 is not a	roquirod	30	
• • •	Credits from Arizona Form 301, line 58, or Forms 310, 321, 322 and 323 Credit type. <i>Enter form number of each credit claimed:</i> 32			31	
αl	Clean Elections Fund Tax Credit. From worksheet on page 18 of the inst			33	
<u>e</u> 34	Balance of tax. Subtract lines 30, 31 and 33 from line 29. If the sum of li				
	Arizona income tax withheld during 2004				
36 B	Arizona estimated tax payments for 2004				
용 37	Amount paid with 2004 Arizona extension request (Form 204)			37	
五 38	38 Increased Excise Tax Credit. From worksheet on page 18 of the instructions				
	Other refundable credits. Check box(es) and enter amount(s): $39A1\square 32$				
	Total payments/refundable credits. Add lines 35 through 39				
<u>€</u> 41	TAX DUE. If line 34 is larger than line 40, subtract line 40 from line 34, a				
~ 1	OVERPAYMENT. If line 40 is larger than line 34, subtract line 34 from lin				
43 44 44	Amount of line 42 to be applied to 2005 estimated tax			43	
3ge 44	Balance of overpayment. Subtract line 43 from line 42	Cit	tizens Clean Flections 47	44	
of last page	Child Abuse Prevention 48 Domestic Violence Shelter 49		Neighbors Helping Neighbors		
	Special Olympics 51 Political Gift 52		-		
53 <u>چ</u>	Check only one if making a political gift: 531 Democratic 532 Libertal	•			
	Estimated payment penalty and MSA withdrawal penalty				
	Check applicable boxes: 551 ☐ Annualized/Other 552 ☐ Farmer or Fishe				
	Total of lines 45, 46, 47, 48, 49, 50, 51, 52 and 54				
⋖ 57	REFUND. Subtract line 56 from line 44. If less than zero, enter amount Direct Deposit of Refund: See instructions.	owea on line 58		57	
	ROUTING NUMBER ACCOUNT NUMBER 98		C Checkin		

ARIZONA FORM

Form 140PY (2004) Page 2 ADOR 91-0069f (04) A1 List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet. NO. OF MONTHS LIVED SOCIAL SECURITY NO. FIRST AND LAST NAME RELATIONSHIP IN YOUR HOME IN 2004 Dependents A3 Enter the names of the dependents listed above who do not qualify as your dependent on your federal return: PART A: A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions. NO. OF MONTHS LIVED SOCIAL SECURITY NO. IN YOUR HOME IN 2004 FIRST AND LAST NAME RELATIONSHIP A5 Enter total number of persons listed in A4 here and on the front of this form, box 11. TOTAL A5 **B6** Dates of Arizona residency: From [M,M]D,D[Y,Y,Y,Y] to [M,M]D,D[Y,Y,Y,Y]. 2004 FEDERAL 2004 ARIZONA Amount from federal return Amount only List other state(s) of residency: B7 Wages, salaries, tips, etc. Total Income B8 Interest **B8 B9** B10 Arizona income tax refunds B10 B11 Alimony received..... Percent B12 Business income (or loss) from federal Schedule C..... B12 B13 Gains (or losses) from federal Schedule D..... □ B16 Total income: Add lines B7 through B15..... B16 **PART** B17 Federal adjustments. Attach your own schedule..... B17 B19 Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on the front of this form, line 15 **B19** B20 Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%)..... **B20** C21 Early withdrawal of Arizona Retirement System contributions...... C21 C22 Total depreciation included in Arizona gross income C22 C23 Other additions to income. See instructions and attach your own schedule..... C23 C24 Total: Add lines C21 through C23. Enter here and on the front of this form on line 16..... D25 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100..... D27 D27 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300..... **D28** Exemption: Qualifying parents and ancestors. *Multiply the number in box 11, page 1, by \$10,000.* D28 from Subtractions D30 Multiply line D29 by the percentage on line B20, and enter the result...... D30 D31 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column..... D31 D32 D32 Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only)..... D33 U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income...... **D33** PART D34 Construction of an energy efficient residence. See page 10 of instructions. Enter number D34a , then amount............. D34 D35 Other subtractions from income. See instructions and attach your own schedule D35 D36 Total: Add lines D30 through D35. Enter here and on the front of this form, line 19...... E37 Last name(s) used in prior years if different from name(s) used in current year: I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PLEASE SIGN HERE YOUR SIGNATURE DATE SPOUSE'S SIGNATURE DATE PAID PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.